

**MAINE DEPARTMENT OF LABOR
BUREAU OF LABOR STANDARDS**

**PROOF OF OWNERSHIP
MASTER FORM**

PLEASE COMPLETE and RETURN TO:

**Office of the Director
Bureau of Labor Standards
45 State House Station
Augusta, ME 04333-0045**

Name of Employer: _____

Unemployment Insurance Account Number: _____

Name of the company owner(s), President, or CEO:

If Corporation, please provide name of Clerk of Corporation:

Address of main office: _____

Contact Person if other than owner: _____

Telephone #: _____

Town and County in which business equipment taxes are paid:

I _____ (name printed) certify that any information provided on this form and any attached forms and additional documents are true and accurate. I understand that the failure to provide full and accurate disclosure will be a violation under the authorizing statute subject to a fine of \$1,000 to \$5,000 and that false statement may also be prosecuted as an "unsworn falsification," a Class D crime subject to up to one year in jail and \$2,000 in fines.

Signature _____

Title: _____

Date: _____

**MAINE DEPARTMENT OF LABOR
BUREAU OF LABOR STANDARDS**

PROOF OF OWNERSHIP MECHANICAL EQUIPMENT LIST

Please provide the description, serial number and status of all equipment owned or leased that may be used by any bonded worker hired (first line is an example):

[illegible]

**MAINE DEPARTMENT OF LABOR
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**PROOF OF OWNERSHIP
BONDED WORKER - EQUIPMENT USAGE LIST**

Please Provide the Following:

Name _____ of _____ Bonded _____ Worker: _____

County of Origin: _____

Occupation: _____

Date of Hire: _____

Date Employment started or is to start: _____

Date Employment is scheduled to end (may estimate): _____

List by description and serial number each piece of equipment this worker will operate:

Name of Worker: _____

County of Origin: _____

Occupation: _____

Date of Hire: _____

Date Employment started or is to start: _____

Date Employment is scheduled to end (may estimate): _____

List by description and serial number each piece of equipment the worker will operate:
